

## Volume 2, Issue 2



Department of Mental Retardation  
Office of Quality Management

# Living WELL



“LET IT SNOW, LET IT SNOW,  
LET IT SNOW.....”





*W*elcome to the fourth issue of "Living Well", a publication of the Department of Mental Retardation, Office of Quality Management. "Living Well" is published on a quarterly basis and features important information for individuals and their supporters.

*Information includes health advisories/alerts, home, work and community safety tips, and "promising practices" in services and supports to individuals with mental retardation. "Living Well" represents one component of DMR's continuing commitment to share information which will safeguard and improve the quality of lives of individuals we support. Information and knowledge is a powerful tool. We hope that this and future editions of "Living Well" will be used effectively to enhance our service system.*

*We'd welcome your feedback and suggestions regarding content areas for future editions of the publication. Please submit your suggestions to [Sharon.Oxx@dmr.state.ma.us](mailto:Sharon.Oxx@dmr.state.ma.us). Thank you!*

Gerald J. Morrissey, Jr. Commissioner  
Department of Mental Retardation



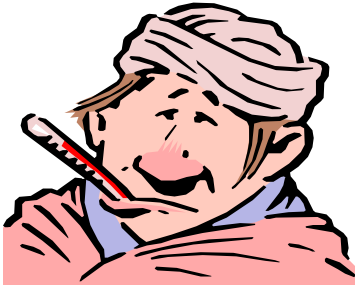
# Do I have a Cold .....

*or is it THE FLU?!!*

*Because it is once again cold and flu season and this year promises a real flu epidemic we thought this article from last winter bears repeating.*

Flu season is upon us (November through April) and everyone should be alert to early signs and symptoms of the illness. But how do you know if it's the flu or just a cold (rhinovirus)? Here are some clues:

**If you have the flu...**



- You have a fever (sometimes as high as 102+) Know a person's normal body temperature. A change in their normal temperature by as little as 2 degrees is significant and should be reported to their Health Care Provider or the agency nurse immediately.
- You have a headache
- You are very tired (can even be extreme)
- You have a dry cough (that may progress to a productive cough)
- You may have a sore throat
- You have nasal congestion
- You have severe body aches
- It probably came on quite suddenly (some people can even tell you the moment you felt ill)
- You will be very ill for several days and take up to several weeks to recover fully
- You are unable to go about your daily routine

**If you have a cold....**

- You probably don't have a fever (and if you do it is very low grade)
- You have a runny nose
- You may have a loose productive cough
- You may have a headache from coughing
- You are able to continue your daily routine
- You feel a little "under the weather" for a few days
- The symptoms probably came on gradually over several days



**Uh oh, I have the flu. Now what do I do?**

- The flu is very contagious so stay home!
- Rest
- Drink plenty of liquids
- Wash your hands often!
- Avoid alcohol and tobacco
- Take medication to treat the symptoms (like acetaminophen for the aches and pains and cough syrup for the cough)
- See your physician if you are not improving after several days.

### Well...how contagious is it?

- A person can spread the flu starting one day before they feel sick
- Adults can continue to pass the flu virus to others for another 3-7 days after symptoms start (children can pass it on for longer than 7 days)
- Symptoms start 1- 4 days after the virus enters the body
- Some people can be infected with the virus but have no symptoms. They can still pass the virus on to others though. (I don't know how you are supposed to spot these people)

### How did I get it ?

- The flu is spread when a person who has the flu coughs, sneezes or speaks and sends flu virus into the air and other people inhale the virus
- The virus enters the nose, throat, lungs of a person and begins to multiply, causing flu symptoms.
- Flu may less often be spread when a person touches a surface that has flu virus on it— a door handle for instance— and then touches his or her nose or mouth.

### How do I prevent the flu?

This is a very simple answer: **Get a flu shot!** While it is best to get one before the end of November, it is never too late. This year flu shots are in short supply because of a particularly bad outbreak. But don't panic. Some things you can do are:

- Identify people who are at high risk for the flu
- If they have not yet received their flu shot you can check with their Health Care Provider for availability of the vaccine. If it is no longer available there check with:
  - Pharmacies
  - Town or city public health department
  - Home health agencies and VNAs.

New supplies of the vaccine are arriving soon so if you are unsuccessful in obtaining a shot immediately, ask to be put on a call list when the new supplies arrive.

**Never give aspirin to a child or teenager who has the flu! (it can cause serious neurological damage)**



Winter 2003



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# Your Mother was right...

## Wash your Hands!

### You're Mother Was Right...Wash your Hands!

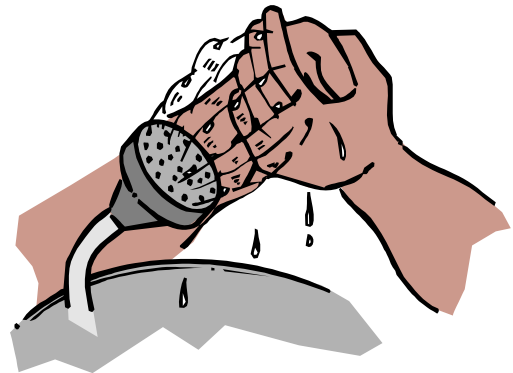
The return of cold and flu season seems the right time to review with everyone the need to wash their hands often, including the hands of the people we support. **Besides the flu vaccine, hand-washing is cited as being the single most preventative step you can take to protect yourself from the flu.** Recent studies have confirmed that hand –washing with soap and water or applying alcohol-based handrubs between caring for different individuals and throughout the day reduces the transmission of bacteria or viruses (germs) significantly; in some settings as much as 85%! Below are some facts that you may find very interesting and that may help you, your family and the people with whom you work to stay healthy, especially during flu and cold season.



- Improved hand washing or use of alcohol-based handrubs has been shown to actually end outbreaks of infections, reduce the transmission of antibiotic-resistant bacteria (like MRSA) and reduce overall infection rates.
- The CDC is recommending the use of alcohol-based handrubs for people who provide personal care to others because they can address some of the obstacles staff encounter when taking care of people. For example, lack of appropriate hand-washing opportunities when out in the community.
- Hand-washing with soap and water is still highly recommended to reduce

the spread of germs. Using an antibacterial soap like Dial is also recommended. Use of liquid or foaming soaps in pump bottles is better than bars of soap.

- You should wash your hands for the length of time it takes you to sing “Happy Birthday”.
- When your hands are visibly soiled you should wash with soap and water.
- The use of gloves does not eliminate the need for hand-washing and hand washing does not eliminate the need for gloves. Gloves reduce hand contamination by 70-80% , prevent spreading germs to others and protects everyone from infection. Handrubs should be used before and after care is provided just as gloves should be changed before and after providing care.
- Alcohol-based handrubs significantly reduce the number of germs on the skin, are fast-acting and cause less skin irritation than many soaps. Allergies are very uncommon.
- Staff should avoid wearing artificial nails and keep natural nails less than ¼” long if they are caring for individuals at high risk for acquiring infections.
- Just as you encourage people to “cover their nose or mouth” when coughing or sneezing, you should encourage them to wash their hands after doing so as well as frequently throughout the day.



*Remember, the infection you prevent may be your own!*



## SEPSIS

### What is sepsis?

Sepsis is a severe illness caused by overwhelming infection of the bloodstream by toxin (poison) producing bacteria. Sepsis accounts for 2 out of every 100 hospital admissions. It is life threatening and if it continues unchecked, will result in death. The death rate can be as high as 60% for people with underlying medical problems. It is less, but still significant, for individuals without other medical issues.

In 2001, sepsis was the fourth leading cause of death for people served by DMR. It was the ninth leading cause of death for the general population in Massachusetts. Why is the number so high for the people you support? It is probably due to an individual's inability to be aware of their own symptoms of illness and/or describe and report them to you. **Waiting for obvious symptoms to develop can often be too late to stop the progression of the infection.**

### What causes sepsis?

Sepsis can be caused by an untreated bacterial infection or one that is not responding to treatment. Common places where those infections may occur are:

- kidneys
- liver or gall bladder
- bowel
- skin
- bladder
- lungs

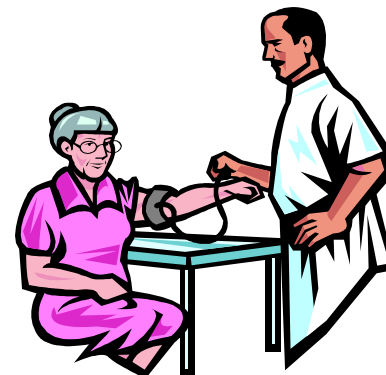
### What are the symptoms of sepsis?

#### Early signs:

- reduced mental alertness or feeling very tired
- hyperventilation (greater than 30 breaths per minute)
- fever (as little as 2 degrees higher than normal)

#### Advanced signs:

- very high fever (greater than 102) or low temperature (hypothermia)
- chills
- shaking
- warm skin
- rapid heart rate (greater than 90 beats per minute)
- decreased urine output
- skin rash
- confusion or delirium
- nausea and vomiting
- diarrhea
- low blood pressure
- low or high white blood cell count
- organ or system failure



### What are some risk factors of sepsis?

- Having an impaired immune system
- Surgery
- Mechanical ventilation
- Genetic tendency
- Invasive procedures or IVs
- Late detection and treatment of minor infections
- Inability to communicate how one is feeling

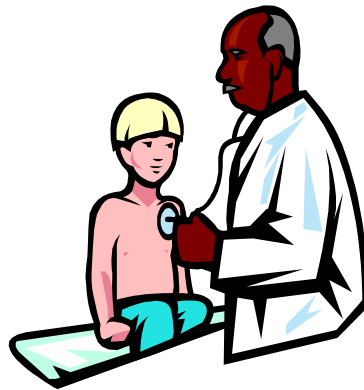


### What can I do to prevent it?

As a person working with individuals who may not be able to tell you how they are feeling it is essential that you report to the person's health care provider any of the early symptoms of an infection.

- Know the person's **normal** body temperature, heart rate and blood pressure
- **Report any elevated temperature to the Health Care Practitioner or the agency nurse immediately. An increased temperature of as little as 2 degrees above what is normal for that person is significant and may be one of the first obvious sign of an infection developing.**
- Be alert to decreased level of alertness or fatigue as this is often another very early sign of an infection
- Do not hesitate to take someone to the ER or insist on an office visit if his or her symptoms worsen or do not respond to treatment. **Do Not Wait! Even just 24 hours can make all the difference.**

Early detection and treatment of infections like urinary tract infections or pneumonia can actually save someone's life.





# Bowel Obstruction

A bowel obstruction can be an extremely serious and dangerous condition. If not treated promptly it can cause death within a few hours. A bowel obstruction is any blockage in the bowel that prevents bowel contents from passing through.

## *What are some of the risk factors?*

- **Abdominal surgery** may cause scar tissue to develop that can contribute to blockage
- **Cancer or tumors** can be increase the risk
- **Congenital abnormalities** (problems at birth) of the bowel
- A history of **constipation**
- **Poor dietary habits** (food and fluid): Adequate fluids are needed to prevent the body from reabsorbing fluid from the bowel which, in turn, causes the stool to be hard. Adequate roughage is needed to stimulate muscle activity in the bowel to push the stool along.
- **Lack of adequate exercise** due to physical restrictions: An air-fluid lock can collect in the bowel loops and the smooth muscle of the bowel may be too weak to push the fluid along. Exercise helps strengthen those muscles.
- **Medications** can cause constipation as a side effect.

## *How can I prevent it?*

- **Know the person's medical history.** If they have a history of any of the above risk factors, closely monitor them for signs and symptoms of obstruction.
- **Consult with the person's health care provider to determine if an exercise regimen** is indicated and support the person in following it.
- **Ensure that the person gets adequate fluids.** Everyone should consume *at least* eight 8-ounce glasses of non-caffeine beverages per day. More in warm weather.
- **Consult with the person's health care provider or dietician regarding the amount of fiber** or roughage that should be included in their diet.
- **Monitor for constipation.** If the person cannot reliably self-monitor or self-report or if more than one person is responsible for the care of the person, it is highly recommended that a monitoring and documentation system be in place to consistently provide a record of the person's bowel habits that can be shared with the health care provider.

## *What are the signs and symptoms of bowel obstruction?*

- **Lack of appetite**
- **Severe, sharp, intermittent abdominal cramping or pain**
- **Vomiting.** It may be frequent, sudden in onset, abundant, foul in odor.
- **Lack of stool (bowel movement)**
- **Dehydration ( may be due to vomiting)** Signs of this may include intense thirst, drowsiness, general malaise, achiness, parched tongue, sunken eyes, fever)
- **Abdominal distention or bloating**

## *What do I do if I see any of these signs and symptoms?*

- **Notify the person's Health Care Provider**
- **If the symptoms are serious or the individual looks extremely ill, call 911**
- **Inform whoever may be treating the person of their bowel habits, risk factors and last bowel movement.**



*An X-ray is needed to identify the level of obstruction and its cause and therefore the mode of treatment. Care providers need to provide accurate, timely information to health care practitioners in order to assure prompt and effective intervention.*



